

2026-2027
UnitedHealthcare Insurance Company
Student Health Insurance Plan
Description of Benefits
Premier Plan

Designed Especially for the students of



GEORGETOWN UNIVERSITY



2026–2027 UnitedHealthcare Student Health Platinum Premier Plan At A Glance Booklet



This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy number 2026-32-1. The Policy is a Non-Renewable One-Year Policy.

Please read this booklet to determine whether this plan is right for you before enrolling. For detailed enrollment, benefits, exclusions and limitation provisions refer to the 2026-2027 Certificate of Coverage found on the Georgetown University Student Health insurance website, <https://studenthealthinsurance.georgetown.edu/>.

A message from Georgetown University about requiring students to have health insurance:

For all students, good health is essential to achieving educational goals. Maintaining good health requires access to health care when you need it. In the United States, health care is the financial responsibility of each individual and access to health care may be affected by one's ability to pay.

Georgetown University requires students to have health insurance. This requirement was implemented for a number of reasons:

- Because a significant percentage of students had either no health insurance or inadequate coverage prior to our adopting a health insurance requirement, nearly 30 percent were uninsured.
- To ensure that students have the health insurance coverage they need to secure access to health care. In the United States today, access to health care in all but life-threatening situations may be limited to only those who have adequate coverage.
- To help protect students from the financial burdens of an unexpected accident or illness. Experience shows that many students are unaware of the costs which may be incurred for diagnosis and treatment of illness and injuries. The insurance requirement helps protect the student's educational investment.

Because so many students have difficulty obtaining comprehensive, affordable coverage on their own, the University has accepted the responsibility of offering a plan to its students, the Premier Plan. Students who are eligible for insurance are automatically charged for the Premier Plan. Students who already have coverage may waive the Premier Plan by supplying documentation of insurance coverage on a waiver form that meets the University's requirements.

This waiver system is used for a very important reason - to secure a policy for students who need one in a limited period of time. Most employer-sponsored group plans deduct health insurance premiums from an employee's paycheck and enroll new employees throughout the year. Because of constant turnover in the student population, an extended enrollment period is not feasible. The only way to ensure that students have insurance before the enrollment period ends on September 15, is by including the charge for insurance on the tuition bill of all eligible students and by requiring a waiver from those who already have coverage. Because the insurance charge is part of the tuition statement, students may use loans and scholarships to pay for it. The University has worked with Gallagher Student Health & Special Risk to develop a health insurance policy tailored to the health needs and financial capabilities of students. UnitedHealthcare Insurance Company underwrites the Plan.

To accept or waive the Premier Plan, go to <https://studenthealthinsurance.georgetown.edu/>. Accepting activates your coverage during Open Enrollment. Waiving activates the approval process for receiving a credit on your student account.

PLEASE NOTE:

The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

How much does the plan cost?

Rates	Annual* 8/15/2026 – 8/14/2027	Spring Semester* 1/1/2027 – 8/14/2027
Student Only	\$4,450.00	\$2,770.00
Student & Spouse	\$8,900.00	\$5,540.00
Student & Child(ren)	\$8,900.00	\$5,540.00
Student, Spouse, and Child(ren)	\$13,350.00	\$8,310.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school. The amounts also include a premium reduction agreed upon between the Company and your school.

Who is eligible to enroll?

<https://studenthealthinsurance.georgetown.edu/activate-coverage/>

During Open Enrollment, Georgetown University (GU) requires most of its students in a degree program that is not primarily online (who are registered for purposes other than enabling plan eligibility) to enroll in the Premier Plan unless proof of other coverage that meets the University's requirements is satisfied. A charge for the Premier Plan is placed on eligible students' accounts. Such eligible students include:

- Undergraduates registered for nine or more credit hours;
- Law or Graduate students registered for eight or more credit hours;
- Thesis Research students; and
- Medical Students.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased.

Late enrollment is permitted if an application is received within 31 days of being involuntarily terminated from other coverage due to age or employment status or of a dependent's qualifying event. In general, eligible Dependents are the student's spouse and dependent children under 26 years of age. Late enrollment is also permitted upon termination during the Open Enrollment Period of other group employer plan coverage.

Prorated refunds are not granted unless the insured enters the armed forces.

What are the important deadlines?

Acceptances and waivers must be submitted by September 15, 2026 for the annual fall coverage and January 31, 2027 for the spring coverage (for the few who are eligible to enroll for the first time in the academic year). For a waiver to be considered for approval, the other coverage must be in effect for the entire academic year. A \$100 fee is applied to students' accounts for late waivers.

Credits for approved waivers received at least one week before registration will be posted to students' accounts by the registration due date. Also, local addresses must be updated by September 15, 2026 for ID cards and claims information to be mailed to the correct address.

How do I obtain an ID card?

GU Student Health Insurance sends enrollment activation emails to insured students. Once activated, create an account under My Account at www.uhcsr.com to download a copy of your ID card, print an ID card or request an ID to be mailed to you.

How do I reduce my Cost Sharing?

The Premier Plan pays for covered services at different rates according to where medical treatment is rendered. Students are responsible for the cost of the medical services not covered by the Plan, e.g., the remaining balance. UnitedHealthcare negotiates with thousands of hospitals and doctors across the country to reduce the cost of medical services for both the insurance company and the students insured under the Plan. The network of hospitals and doctors that have agreed to the discounted rate (Preferred Allowance) as payment in full is the Preferred Provider Organization (PPO) represented under the benefit Schedules 1 and 2.

Go to providers in the following order to reduce your out-of-pocket cost sharing obligation:

- Schedule 1, the Student Health Center (SHC) or the GU Counseling and Psychiatric Service (CAPS);
- Schedule 2, the Georgetown University Hospital/Medstar or other UnitedHealthcare Choice Plus network providers, and
- Schedule 3, all other providers within the United States or worldwide.

Always check with your provider to confirm the provider participates in the UnitedHealthcare Choice Plus network because Schedule 1 or 2 providers may refer you to Schedule 3 services.

Special Benefits Only Covered by Specific Providers

Some services are only covered when rendered or referred by the SHC or GU Learning Disability Coordinator. (If you can't obtain an SHC referral due to inaccessibility, email Studentinsurance@gallagherstudent.com.)

- The following treatments are not excluded when rendered at the SHC and benefits are paid after a \$10 Copayment per visit when billed by the SHC: Treatment of corns, calluses, bunions, hirsutism, alopecia and TB testing when referred by the SHC to LabCorp or Quest.
- The following treatments require SHC referrals:
 - Nutritional counseling by a GU Health Education certified nutritionist
 - Sleep disorders, and
 - Allergy testing and treatment, any follow-up visits to testing will be paid as a specialist visit.
- Psychological testing for learning disabilities requires a referral from the GU Learning Disability Coordinator.

Healthiest You Telehealth Services

HealthiestYou is not insurance. It is meant to compliment the Student Health Center and the Counseling and Psychiatric Service. As an insured with United Healthcare StudentResources, there is no fee for these services; they are free of charge during your term of coverage. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. Age restrictions may apply depending on your state.

- **Telemedicine Services, 24/7 Access**

You have 24/7 access to medical advice through HealthiestYou, a national telehealth service. (If you call prior to your coverage dates, a \$55 service fee applies.) Visit www.telehealth4students.com to access to board-certified physicians via phone and/or video. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications.

HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

- **Virtual Mental Health Care Access**

You have access to mental health providers through HealthiestYou, a national virtual counseling service. Psychiatrists, psychologists and licensed therapists are available to you through phone and video. When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

Coast to Coast Vision Savings Program (not insurance)

Information can be found at www.gallagherstudent.com/georgetown

What are the fundamentals of the Premier Plan?

Limitations to Covered Benefits

Covered benefits are subject to exclusions and limitations as detailed in the Certificate of Coverage, to include Covered Medical Expenses and charges that are:

- Allowed Amount
- Medically Necessary, and
- Appropriate for the condition.

For example, the Plan only pays for Emergency Room services for a condition that meets the Medical Emergency definition.

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The Deductible

The Deductible is the amount you pay each Policy Year for certain Covered Expenses before the Plan will pay any further expenses. It applies to any individual covered by the Plan. You satisfy the Deductible just once each Policy Year, even if you have several different kinds of expenses. Except for Prescription Drugs, Coinsurance and Copayments count toward the Deductible under any schedule. There is a separate prescription drug Deductible.

Charges incurred and applied to the Deductible during the period from June 1 up to the commencement of the Policy Year on August 15 of that year will be applied against the upcoming Policy Year Deductible, and thus, may reduce or eliminate the upcoming Policy Year Deductible.

The Copayments

A Copayment is a fixed dollar amount that you must pay each time you receive certain Covered Expenses. For example, Physician visits, Emergency Room visits, and Prescriptions have Copayments.

Coinsurance

Coinsurance is a percentage of Covered Expenses that the Plan pays, after you have met the applicable Deductible. The percentage amount depends upon the type of service and the Schedule under which you received covered services.

Limits on Your Out-of-Pocket Expenses

The maximum Out-of-Pocket Covered Medical Expenses is \$3,000 per individual and \$6,000 per family per Policy Year for Schedule 1 and 2. The maximum Out-of-Pocket Covered Medical Expenses is \$8,000 per individual per Policy Year for Schedule 3. The Deductible, Copayments and Coinsurance incurred under any Schedule are applied to the Out-of-Pocket maximum. Charges in excess of Allowed Amount, or charges that exceed the Prescription Drug Charge, do not apply towards the Out-of-Pocket maximum. Services that are not Covered Medical Expenses and the amount benefits are reduced for failing to comply with policy provisions or requirements do not count toward meeting the Out-of-Pocket Maximum.

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At a Glance the Benefits of the Student Health Plan

METALLIC LEVEL - PLATINUM WITH ACTUARIAL VALUE OF 88.250% WITH AN UNLIMITED PLAN MAXIMUM

Covered Services	Schedule 1 Student Health Center (SHC) and Counseling and Psychiatric Services (CAPS), Subject to Availability			Schedule 2 Network *			Schedule 3 Out-of-Network and Out- of-Country		
	Plan Year Deductible	Per Service Co-Payment	Per Service: Plan % of Co-insurance	A \$200/Insured Plan Year Deductible Not to Exceed \$600/family Applies	Per Service Co-Payment	Per Service: Plan % of Co- insurance With Allowed Amount	A \$250/Insured Plan Year Deductible Not to Exceed \$600/family Applies	Per Service Co-Payment	Per Service: Plan % of Co- insurance of Allowed Amount
Out of Pocket Maximum	\$3,000/Insured/Plan Year; \$6,000/Family			\$3,000/Insured/Plan Year; \$6,000/Family			\$8,000/Insured/Plan Year		
Prescription Drugs after a separate \$150 Plan Year Deductible, Mail order Available	Not Available			Tier 1: \$15 Copay** Tier 2&3: 70% Coinsurance			Not Available		
Labs	No	\$0	100%	Yes	\$0	80%	Yes	\$0	60%
Inpatient Surgery	Not Available			Yes	\$0	80%	Yes	\$0	60%
Preventive Care ***	No	\$0	100%	No	\$0	100%	No Benefits		
Outpatient Physician Visits Includes Mental Health and Substance Use Disorders	No	\$10	100%	Yes	\$30	100%	Yes	\$0	60%
Urgent Care Visit	Not Available			Yes	\$50	100%	Yes	\$50	100%
Medical Emergency Expenses for Emergency Room Services	Not Available			Yes	\$100	100%	Yes	\$100	100%
Diagnostic Tests and Procedures	No	\$0	100%	Yes	\$0	80%	Yes	\$0	60%
Outpatient Services (Other) Available services are limited at the SHC.	Not Available			Yes	\$0	80%	Yes	\$0	60%
Inpatient Services Includes Mental Health and Substance Use Disorders	Not Available			Yes	\$0	80%	Yes	\$0	60%
Allergy Testing and Treatment Payable only when rendered at or referred by SHC	No	\$10	100%	Yes	\$0	70%	Yes	\$0	60%
Psychological Testing to determine Learning Disabilities payable only when referred by a GU Learning Disability Coordinator	Not Available			No	\$0	80%	No	\$0	60%
Outpatient Physiotherapy Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	No	\$10	100%	Yes	\$0	80%	Yes	\$0	60%
Pediatric Dental & Vision Benefits	Refer to the plan Certificate of Coverage for details (age limits apply)								

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Georgetown University has certified that this student health insurance plan qualifies for accommodations regarding approved contraceptive services for women with respect to the federal Food and Drug-Administration requirement and for infertility and standard fertility preservation services as required by the District of Columbia and as prescribed by a health care provider, without cost sharing. This means that Georgetown will not contract, arrange, pay or refer for contraceptive coverage or fertility/infertility services. Instead, UnitedHealthcare will provide separate payments for these services that you use, without cost sharing and at no other cost when services are received from a Preferred Provider, for so long as participants are enrolled in this plan. Georgetown University will not administer or fund these payments. If you have any questions, please contact customer service at 1-877-935-5437.

- * UHC Pharmacy Network; UHC Choice Plus Network for Medical to include Medstar, Georgetown University Hospital; and UHC Behavioral Health Network
- ** Mail order 90 day supply copayment is 2.5 times the monthly copayment
- *** Please visit <https://www.healthcare.gov/preventive-care-benefits/> for a complete list of services provided for specific age and risk groups

What are the Exclusions?

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture, except as specifically provided in the Policy.
2. Learning disabilities testing, except for when referred by the designated Georgetown Learning Disability Coordinator; except as specifically provided in the Policy.
3. Biofeedback or services and supplies related to biofeedback.
4. Circumcision, except for Newborn Infants.
5. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - For treatment of cleft lip and cleft palate.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Services or supplies for care of corns, bunions (except capsular or bone surgery), or calluses, except for Special Benefits provided at the SHC.

This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

 - Hearing defects or hearing loss as a result of a Congenital Condition, infection or Injury.
 - Hearing screenings specifically provided for in Benefits for Child Health Screening Services.
11. Hirsutism. Alopecia, except for Special Benefits provided at the SHC.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
 - Participating in any intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
14. Lipectomy services and supplies related to surgical or suction-assisted lipectomy.
15. Patient controlled analgesia (PCA).
16. Rioting or inciting to riot:
 - A riot is a public disturbance involving an assemblage of five or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons.
 - Whoever willfully engages in a riot shall be punished by imprisonment for not more than 180 days or a fine of not more than the amount set forth in § 22-3571.01, or both.
 - Whoever willfully incites or urges other persons to engage in a riot shall be punished by imprisonment for not more than 180 days or a fine of not more than the amount set forth in § 22-3571.01, or both.
 - If in the course and as a result of a riot a person suffers serious bodily harm or there is property damage in excess of \$5,000, every person who willfully incited or urged others to engage in the riot shall be punished by imprisonment for not more than 10 years or a fine of not more than the amount set forth in § 22-3571.01, or both.
17. Intentional commission of or attempt to commit a felony.
18. Personal care, comfort, or convenience items not directly related to the treatment of a Sickness or Injury.

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19. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in the Policy.
 - Products used for unapproved cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
20. Reproductive services for the following, except as specifically provided in the Policy:
 - Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests, except to diagnose the underlying cause of infertility including testing and counseling.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures.
 - Vasectomy.
 - Reversal of sterilization procedures.
21. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except for Covered Medical Expenses incurred in connection with participation in approved clinical trials.
22. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Radial keratotomy, keratomieusis or excimer laser photo refractive keratotomy or similar type procedures or services. Treatment for visual defects and problems.
This exclusion does not apply as follows:
 - When due to a covered Injury or disease process.
 - To benefits specifically provided in Pediatric Vision Services.
23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
25. Nasal and sinus surgery, except for treatment of a covered Injury.
26. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
27. Sleep disorders, supplies, treatment, or testing relating to sleep disorders, except when a referral obtained from the SHC accompanies a sleep disorder claim.
28. Supplies, except as specifically provided in the Policy.
29. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the Policy. This exclusion does not apply to breast reduction surgery for treatment of Gender Dysphoria.
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
31. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
32. Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies; treatment for obesity, surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse or Civil Union Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse or Civil Union Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

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Domestic Students, insured spouse or Civil Union Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus and security, political and natural disaster assistance and evacuation benefits. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

Notice of Non-Discrimination

We¹ comply with the applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans (TTY 711).

Civil Right Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, Utah 84130
UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans. (TTY 711).

You can also file a complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at: <https://www.uhc.com/content/dam/uhcdotcom/en/npp/NDN-LA-UHC-StudentResources-EN.pdf>

¹ For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the following entities: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health,; United Behavioral Health of New York, I.P.A.; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York. Please note that not all entities listed are covered by this Notice.

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY: 711).

ጥቅሳጥጥ፡- በቀጠሮ ዝዕ ወይም ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር ለመነጋገር አስተርጓሚ ማግኘት ይችላሉ። **አማርኛ (Amharic)** የሚናገሩ ከሆነ፤ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጾች ለእርስዎ ይገኛሉ። ለህክምና ዕቅዶች ወደ **1-866-260-2723**፤ ለእይታ ዕቅዶች ወደ **1-800-638-3120**፤ ለጥርስ ዕቅዶች ወደ **1-877-816-3596** ይደውሉ ወይም በአባል መታወቂያ ካርድዎ ላይ ወደተዘረዘረው ነፃ የሰልክ ቁጥር ይደውሉ። (TTY: 711)።

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في الحديث مع طبيبك خلال الموعد أو معنا. إذا كنت تتحدث اللغة العربية (Arabic)، ستوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتسجيلات أخرى، مثل الطباعة بأحرف كبيرة. اتصل على **1-866-260-2723** للخطط الطبية، أو **1-800-638-3120** لخطط رعاية البصر، أو **1-877-816-3596** لخطط الأسنان، أو اتصل برقم الهاتف المجاني المدرج على بطاقة هوية العضو الخاصة بك. (TTY: 711)

মনোযোগ দিয়ে শুনুন: আপনার অ্যাপয়েন্টমেন্টের সময় আপনার ডাক্তারের সাথে কথা বলার জন্য বা আমাদের সাথে কথা বলার জন্য আপনি একজন দোভাষী পেতে পারেন। আপনি যদি বাংলা (Bengali) এ কথা বলেন, তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা এবং অন্যান্য বিনামূল্যের বিভিন্ন যোগাযোগ পদ্ধতি, যেমন বড় মুদ্রণ, আপনার জন্য উপলব্ধ থাকবে। মেডিকেল প্ল্যানের জন্য কল করুন **1-866-260-2723** নথরে, ভিশন প্ল্যানের জন্য কল করুন **1-800-638-3120** নথরে, ডেন্টাল প্ল্যানের জন্য কল করুন **1-877-816-3596** নথরে, অথবা আপনার সদস্য আইডি কার্ডে টোল-ফ্রি ফোন নথরে কল করুন। (TTY: 711)

ចំណាំ: អ្នកអាចស្នើសុំអ្នកបកប្រែ ដើម្បីទំនាក់ទំនងជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេលណាដែល ឬនិយាយជាមួយយើងខ្ញុំ។ បើសិនអ្នកនិយាយ**កម្ពុជា (Cambodian Mon-Khmer)** មានសេវាជំនួយភាសា ដោយឥតគិតថ្លៃ ការទំនាក់ទំនងដោយឥតគិតថ្លៃ ក្នុងទម្រង់ផ្សេងទៀត ដូចជាអក្សរធំ មានសម្រាប់អ្នក សូមហៅទូរស័ព្ទទៅ **1-866-260-2723** សម្រាប់អ្នកដែលប្រើសៀវភៅ **1-800-638-3120** សម្រាប់អ្នកដែលប្រើកាត់បន្ថយ **1-877-816-3596** សម្រាប់អ្នកដែលប្រើកាត់បន្ថយ ឬហៅទូរស័ព្ទទៅលេខទូរស័ព្ទដោយមិនគិតថ្លៃ ដែលបានចុះក្នុងបញ្ជីសមាជិករបស់អ្នក។ (TTY: 711)។

ATENSHUN: Kunjka me liye ayu yo interprete para ughul maghal na dokto ya eppunghi me guahu. Gare kapetal Faluwasch (Carolinian), ye toore paliuwal kapetal Faluwasch lane bwe me sew format, ta tipel lane, bwe bwale tepangiyom. Kali **1-866-260-2723** para ughul Lalap ni ughul tipiye, **1-800-638-3120** para ughul Lalap ni tipiye nu mata, **1-877-816-3596** para ughul Lalap ni tipiye nu apapa, o kali ewe kali rerekkepal ni Nuumur ni telepon yeeg listed me ni Kaaret ni meybur ID-mu. (TTY: 711).

ATENSYON: Siña hao humosga un intérprete para kumuentos yan i doktermu gi ora di i konsulta-mu pat yan hame. Yanggen fifino' hao **CHamoru (Chamorro)**, guaha setbisio siha para hãgu ni' mandibãtdi, i setbision fino' pat lengguãhi yan fina'uma'espiha gi otro na manera siha, taiguihi i para mana'dangkolo i inemprenta. Kãlle **1-866-260-2723** para Planån Mediku, **1-800-638-3120** para Planån Visión, **1-877-816-3596** para Planån Dental, pat kãlle i númeru gratut na teleponu na esta pã'go gi kãtta ID para miembro -mu. (TTY: 711).

請注意：您可以獲得一位口譯員，在您的看診時與您的醫生溝通或平常與我們溝通。如果您說中文 (Chinese)，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電 1-866-260-2723，視力計劃請致電 1-800-638-3120，牙科計劃請致電 1-877-816-3596，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر فارسی (Farsi)، صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی با شماره 1-866-260-2723 و برای طرح چشم پزشکی با شماره 1-800-638-3120 و برای طرح دندانپزشکی با شماره 1-877-816-3596، با (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان

ATTENTION : Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-260-2723 pour les régimes médicaux, le 1-800-638-3120 pour les régimes de soins de la vue, le 1-877-816-3596 pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY : 711).

ACHTUNG: Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie 1-866-260-2723 für Krankenversicherungen, 1-800-638-3120 für Augenversicherungen, 1-877-816-3596 für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711).

ΠΡΟΣΟΧΗ: Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο 1-866-260-2723 για ιατρικά προγράμματα, στο 1-800-638-3120 για οφθαλμολογικά προγράμματα, στο 1-877-816-3596 για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711).

ધ્યાન આપો: તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડોક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે ગુજરાતી (Gujarati), બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે 1-866-260-2723, વિઝન પ્લાન માટે 1-800-638-3120, ડેન્ટલ પ્લાન માટે 1-877-816-3596 પર કોલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સુચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કોલ કરો. (TTY: 711).

ATANSYON: Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale **Kreyòl Ayisyen (Haitian Creole)**, sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòm, tankou gwo lèt, disponib pou ou. Rele 1-866-260-2723 pou Plan Medikal, 1-800-638-3120 pou Plan Vizyon, 1-877-816-3596 pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711).

ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिन्दी (Hindi) बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए 1-866-260-2723 पर कॉल करें, विजन प्लान के लिए 1-800-638-3120 पर, डेंटल प्लान के लिए 1-877-816-3596 पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711)

CEEB TOOM: Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais **Lus Hmoob (Hmong)**, yuav muaj cov kev pab cuam txhais lus pub dawb thiab kev sib txuas lus ua lwm hom qauv, xws li luam ua tus ntawv loj rau koj. Hu rau **1-866-260-2723** rau Cov Phiaj Xwm Kho Mob, **1-800-638-3120** rau Cov Phiaj Xwm Kho Qhov Muag, **1-877-816-3596** rau Cov Phiaj Xwm Kho Hniav, los yog hu rau tus xov tooj hu dawb uas teev rau hauv koj daim npav ID. (TTY: 711).

ATENSIÓN: Makaalaka iti interpreter a makisarita kadakami wenno iti doktormo iti oras ti appointment-mo. No makasaoka iti **Ilocano (Ilocano)**, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagam ti **1-866-260-2723** para kadagiti Plan a Medikal, **1-800-638-3120** para kadagiti Plan para iti Panagkita, **1-877-816-3596** para kadagiti Plan para iti Ngipen, wenno tawagam ti libre a numero ti telepono a nailista iti ID card-mo kas miembro. (TTY: 711).

ATTENZIONE: il giorno del Suo appuntamento, può richiedere i servizi di un interprete per parlare con il Suo medico o con noi. Se parla **italiano (Italian)**, sono disponibili gratuitamente servizi di assistenza linguistica e comunicazioni in altri formati, come la stampa a caratteri grandi. Chiami il numero **1-866-260-2723** per i piani sanitari, il numero **1-800-638-3120** per i piani oculistici e il numero **1-877-816-3596** per i piani dentistici, oppure chiami il numero verde riportato sul Suo tesserino identificativo. (TTY: 711).

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが**日本語 (Japanese)**をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては**1-866-260-2723**、眼科プランについては**1-800-638-3120**、歯科プランについては**1-877-816-3596**までお電話いただくか、メンバー ID カードに記載の通話料無料の番号までお電話ください。(TTY: 711)。

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 **1-866-260-2723**, 안과 플랜의 경우 **1-800-638-3120**, 치과 플랜의 경우 **1-877-816-3596**번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711).

ໝາຍເຫດ: ທ່ານສາມາດຂໍນາຍແປພາສາເພື່ອເວົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ແລະ ການສື່ສານພຣິໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດ ໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ **1-866-260-2723** ສໍາລັບແຜນການທາງການແພດ, **1-800-638-3120** ສໍາລັບແຜນການທາງສາຍຕາ, **1-877-816-3596** ສໍາລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທພຣິທີ່ວະບຸໄວ້ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.(TTY: 711).

SHOOH: Nánihoot'áani góne' ne'azee' íl'íni bich'í' yáni'ti' doodago nihí nihich'í' yáni'ti'go ata' halne'í'á' naayílt'eehgo bíighah. **Diné (Navajo)** bizaad bee yáni'ti'to, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anída'ow'í dóó t'áá jiik'eh nááná lahgo át'éego bee hada'dilyaaígíí bee ahít hane', díi nitsaago bik'e'ashchíní, ná dahólq. Ats'íis Nánél'jijh Bee Hada'dít'éhí biniiyé kohj'í' 1-866-260-2723 hodílnih, Anáá' Bee Hoot'íni Bee Hada'dít'éhí biniiyé kohj'í' 1-800-638-3120 hodílnih, Awoo' Bee Hada'dít'éhí biniiyé kóhji' 1-877-816-3596 hodílnih, doodago bee ní ha'dít'éhí ninaaltsoos nit'ízi bee nééhóziní ID bąqah t'áá jiik'eh námbóo bee dahane'í biká'ígíí bee hodílnih. (TTY: 711).

ध्यान दिनुहोस्: तपाईंले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्ने दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोलुनुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि 1-866-260-2723 भिजन योजनाहरूको लागि 1-800-638-3120 दन्त योजनाहरूको लागि 1-877-816-3596 मा कल गर्नुहोस्, वा तपाईंको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY: 711)

WICHDICH: Du darfst en Interpreter griege fer schwetze mit dei Dokter an dei Appointment odder mit uns. Wann du **Deutsch (Pennsylvania Dutch)** schwetzsch un brauchsch Hilf fer communicat-e, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Call 1-866-260-2723 fer Plans as zu duh hen mit Dokteres, 1-800-638-3120 fer Plans as zu duh hen mit Sehne, 1-877-816-3596 fer Plans as zu duh hen mit Zaeh, odder call die Toll-Free Phone Number as uff dei ID Card is. (TTY: 711).

UWAGA: Możesz poprosić tłumacza o pomoc w rozmowie z lekarzem w czasie wizyty lub z nami. Osoby mówiące w języku **polskim (Polish)**, mają dostęp do bezpłatnej usługi pomocy językowej i bezpłatnej komunikacji w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-866-260-2723 w celu uzyskania informacji o planach medycznych, 1-800-638-3120 o planach okulistycznych, 1-877-816-3596 o planach stomatologicznych lub zadzwoń pod bezpłatny numer telefonu podany na karcie członkowskiej. (TTY: 711).

ATENÇÃO: Você pode ter um intérprete para falar com o médico no momento da consulta ou conosco. Se você fala **português (Portuguese)**, há serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como letras grandes, disponíveis para você. Ligue para 1-866-260-2723 para planos médicos, 1-800-638-3120 para planos oftalmológicos, 1-877-816-3596 para planos odontológicos ou ligue para o número de telefone gratuito listado no seu cartão de ID de membro. (TTY: 711).

ਧਿਆਨ ਦਿਓ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-866-260-2723, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ 1-800-638-3120, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-877-816-3596 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)

ВНИМАНИЕ! Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711).

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe vala'au le numera telefoni e leai se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711).

FIIRO GAAR AH: Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711).

ATENCIÓN: Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711).

PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Paningin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711).

หมายเหตุ: คุณจะสามารถขอคำปรึกษาฟรีกับแพทย์ของคุณได้ในช่วงเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย (**Thai**) เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่นๆ เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723** สำหรับการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับการวางแผนด้านอื่นๆ **1-877-816-3596** สำหรับการวางแผนด้านทันตกรรม หรือโทรไปยังหมายเลขโทรศัพท์ที่เราได้แจ้งไว้บนบัตรประจำตัวสมาชิกของคุณ (TTY: 711)

ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія TTY: 711).

توجہ فرمائیں: آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ اردو (Urdu) بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر فارمیٹس مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے 1-866-260-2723 پر، ویژن پلانز کے لیے 1-800-638-3120، ڈیٹیل پلانز کے لیے 1-877-816-3596 پر کال کریں، یا TTY: 711) ۱

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhãn khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711).

How do I Obtain Administrative Assistance?

Enrollment, Eligibility and Service Issues:

Student Health Insurance, Georgetown University,
344 Reiss Science Bldg.
Washington, DC 20057- 1101
Office: 202-687-4883
Email: shi@georgetown.edu.
<https://studenthealthinsurance.georgetown.edu/>

Benefits, Address Changes after Open Enrollment, Eyemed Discount Network ID, and Voluntary Vision Plan:

Gallagher Student Health & Special Risk, 500 Victory Road, Quincy, MA 02171
Office: 1-877-362-5287
Email: StudentInsurance@gallagherstudent.com
www.gallagherstudent.com

Claim Submission and Claim Questions for UnitedHealthcare StudentResources (UHCSR):

UnitedHealthcare StudentResources, P.O. Box 809025, Dallas, TX, 75380-9025
Office: 1-877-935-5437
Email: GSHClaims@uhcsr.com

ID Cards, Online access to claims status, Explanation of Benefits, and important UHCSR claims correspondence:

Navigate to www.uhcsr.com/myaccount, select "My Account Now" and follow the simple onscreen directions to create an account. You need your GU GoCard# that begins with an "8" or your GU email address. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Premium Payments:

Office of Revenue and Receivables, Georgetown University
<https://studentaccounts.georgetown.edu/faq>

How do I Access the Provider Networks?

After Hours Urgent Medical Care: 202-444-PAGE

After Hours CAPS Mental & Behavioral Health Crisis: 202-687-6985, select to speak with the emergency on-call service

Emotional Support Line: 866-342-6892

Student Health Center (SHC):

Darnall Hall Ground Floor, 3800 Reservoir Rd., NW, Washington, DC 20007
Appointments: 202-687-2200 Immunizations: 202-687-3100
<http://studenthealth.georgetown.edu/medical-care>

COUNSELING AND PSYCHIATRIC SERVICE:

1 Darnall Hall, 37th and O Street, NW, Washington, D.C. 20057
Office: 202-687-6985
<http://studenthealth.georgetown.edu/mental-health>

Georgetown University Hospital Referral Line:

Inside Metro D.C.: 202-342-2400 Outside Metro D.C.: 866-745-2633

UnitedHealthcare Choice Plus Network and for claims questions:

1-877-935-5437
www.uhcsr.com

UnitedHealthcare Pharmacy:

1-855-828-7716
www.uhcsr.com

UnitedHealthcare Global emergency services:

Within the U.S.: 1- 800-527-0218 Outside the U.S.: 410-453-6330 (collect)
www.uhcsr.com/UHCGlobal

TeleHealth, medical and behavioral health remote consultations:

www.telehealth4students.com